

ASAP OUTPATIENT AFTERCARE PLAN For use of this form, see AR 40-66; the proponent agency is OTSG		1. Date (YYYYMMDD)
2. Rehabilitation status at time of discharge <i>(including current alcohol/other drug use)</i> .		
3. Summarize clinical responsibilities for aftercare, to include ensuring that patient has received information on relapse prevention and that reentry into the home/work environment has been addressed.		
4. Recommended services for aftercare, to include medications. <i>(Note: Should include support groups, sponsors, significant others and unit/organization responsibilities for aftercare.)</i>		
5. I have read the aftercare plan and have the following comments:		
PATIENT IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):</i>	6. Patient's Signature	
	7. Date Signed (YYYYMMDD)	